

*Boil*  
VOL. ~~XLII~~ XIV

GIFT  
APR 12 1921

NO. 4

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating

THE LOS ANGELES JOURNAL OF ELECTIC MEDICINE  
AND THE CALIFORNIA MEDICAL JOURNAL

ISSUED MONTHLY

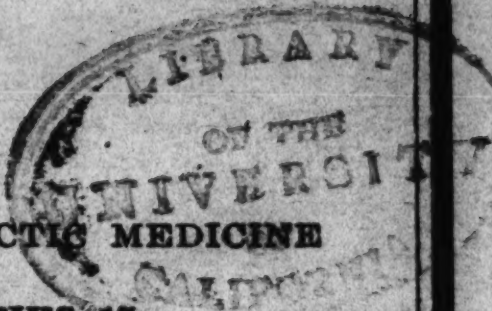
APRIL, 1921

O. C. WELBOURN, A. M., M. D., Editor  
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are usually more prevalent during the "breaking-up" season, following the Winter Months.



applied thick and hot over the throat and upper air passages, not only gives almost instant comfort to the patient but begins promptly to reduce and relieve the inflammatory process in the larynx and bronchi. *Send for "The Pneumonic Lung" booklet*



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# SUMMARY OF REPORTS FROM ONE THOUSAND PHYSICIANS

## Remedies named as most useful in INFLUENZA

Aconite	788
Gelsemium	772
Bryonia	707
Macrotys	384
Veratrum	353
Eupatorium	328
Lobelia	324
Asclepias	268
Ipecac	236

## Remedies named as most useful in PNEUMONIA

Bryonia	723
Aconite	617
Veratrum	576
Lobelia	468
Ipecac	411
Asclepias	366
Gelsemium	293
Belladonna	169
Sanguinaria	134

Many physicians found it impossible to name **any** remedy as of "most importance," stating, very truly, that **each** is "most important" when its use is indicated. Others named two or more as most serviceable, giving usually the conditions under which each was used. **For example**, "Gelsemium is most frequently indicated, but where **sepsis** is marked, Echafolta or Echinacea becomes most important." A typical answer, often made, is as follows: "In nearly every case I find indications for **three** remedies—Gelsemium, Macrotys and Eupatorium." Again, "Aconite for fever, Eupatorium for bone-ache, and Macrotys for muscular soreness."

## EXTERNAL APPLICATIONS

Libradol	618	Camphorated Oil	62
Compound Emetic Powder	185	Onion Poultice	38
Turpentine Applications	110	Iodine Applications	14
Antiphlogistine	96	Scattering	120
Mustard Applications	72		

Under "Scattering," are included many private prescriptions, as well as such applications as "mush jacket," "flaxseed poultice," "quinine and lard," and one each of the following: "capsicum, mustard and tar," "tobacco and wheat flour," "snuff and black pepper." "Dry cupping" finds one advocate.

It is often stated: "When I cannot get Libradol I use the best attainable substitute," hence many of the above may be considered as emergency applications.

Respectfully,

LLOYD BROTHERS.

Cincinnati, Ohio, March, 1919.



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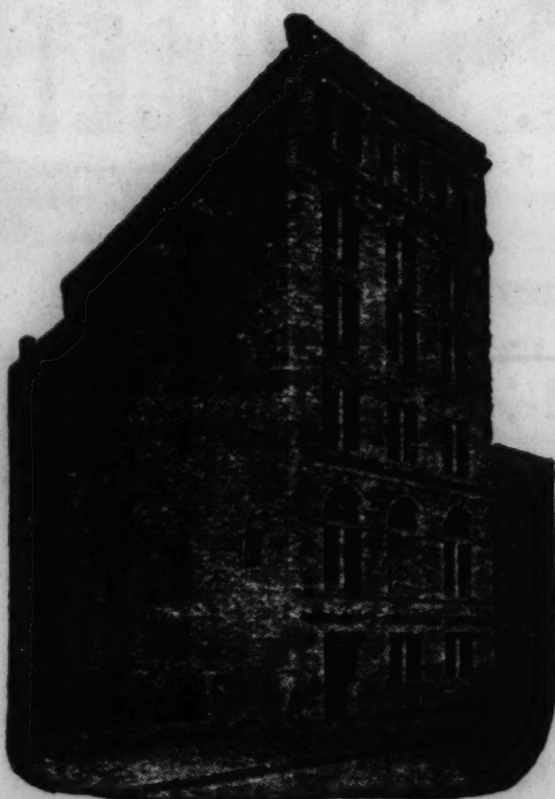
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AMERICAN APOTHECARIES COMPANY  
ASTORIA, GREATER NEW YORK



# The California Eclectic Medical Journal

Vol. ~~XLH~~XLIV

APRIL, 1921

No. 4

:: Original Contributions ::

## BASAL METABOLISM

Dr. M. A. Welbourn, Hollywood, California

In the last few years marked advances have been made in the accurate determination of gaseous metabolism in the human. Through the work of such men as Atwater, Rosa, Benedict, Lusk and Du Bois, Peabody, Boothby, Means and McCaskey the basal metabolism, or the metabolism of the fasting body in the resting state, has been placed on a firm basis so that now it can be quickly and accurately determined by measuring the oxygen consumption.

The value of these studies of the metabolism in differential diagnosis and after care, be they medical or surgical cases, is being increasingly emphasized by papers from the various clinics and private physicians all over the country.

"Metabolism" as defined by Du Bois<sup>1</sup> includes the absorption of foods, their oxidation and transformation into body constituents, and also the later oxidation of these tissues. Such are the energy exchanges of the body, taking place with the consumption of oxygen and the formation of carbon dioxide, these gases being carried to and from the blood by means of the respiratory apparatus (of the human system).

It has been demonstrated by many observers that the normal basal metabolism is a fairly constant affair and hence wide variations from it in disease are of interest to the clinician. Means<sup>2</sup>.

A marked rise is seen in hyperthyroidism, while a marked fall takes place in hypothyroidism. Between these wide variations which take place in the severe cases there is a large series of cases of mild variations which may be confused with hysteria, neurasthenia, syphilis, tuberculosis, etc. Also a series in which hypothyroidism is found in association with other conditions, such as acute tonsillar infection, tuberculosis, syphilis, diabetes, etc., and still another series of cases



where the condition found simulates thyroid disturbances, but still the metabolism is unchanged. McCaskey<sup>8</sup> has recently called attention to these two latter groups.

Else<sup>4</sup> found that the basal metabolism is of great help in judging of the toxicity of goiters and in tumors of the thyroid the basal metabolism seems to vary directly with the influence of the tumor upon the secretion.

Means<sup>2</sup> says the basal metabolism has proven to be the index for the severity of hyperthyroidism and becomes a quantitative means for following the course of treatment. Cases of marked obesity may have normal metabolic rates, but when a reduction was found in obese patients there was also clinical evidence of defective internal glandular secretions.

Tompkins, Buttingham and Dunker<sup>5</sup> observed that the metabolism in pernicious anaemia before treatment might be within normal limits, or slightly above or below. After transfusion it reaches normal or a slightly diminished level.

Peabody, Meyer and Du Bois<sup>6</sup> found no increase in metabolism in patients with compensated cardiac lesions. Patients with cardiac disease manifesting dyspnoea frequently showed a rise of metabolism to 25—50 per cent above the normal. Cases of gout, Wentworth and McClure<sup>7</sup>, and haemochromatosis, McClure<sup>8</sup>, have been investigated and found to have normal metabolism.

McCaskey says, "So far as I am concerned, this procedure has passed the experimental stage and has been assigned its place in my diagnostic armamentarium by the side of the roentgen ray, the electrocardiograph, serology, colorimetry, clinical chemistry, etc., to be used as occasion requires. While its precise limitations and scope will, of course, be more clearly defined with larger experience, and especially with fuller knowledge of the endocrinopathies, the attainment of which will be greatly stimulated by its use, the information which it gives in certain cases appears to me indispensable, and can not be otherwise accurately obtained."

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<sup>1</sup> "The Basal Energy Requirements of Man," by Dr. Eugene F. Du Bois, The Journal of the Washington Academy of Sciences, June 4, 1916.

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<sup>3</sup> "Basal Metabolism Determinations in General Internal Diagnosis," by Dr. G. W. McCaskey, Jour. of A. M. A., April 3, 1920.

<sup>4</sup> J. Earl Else, Northwest Medicine, July, 1920.

<sup>5</sup> "The Basal Metabolism with Especial Reference to the Effect of Blood Transfusion on the Metabolism in Pernicious Anaemia," E. H. Tompkins, H. H. Battingham, and C. K. Dunker, Archives of Internal Medicine, April, 1919, Vol. xxiii, pp. 441-454.

<sup>6</sup> "The Basal Metabolism of Patients with Cardiac and Renal Disease," F. W. Peabody, A. L. Meyer and E. F. Du Bois, Archives of Int. Medicine, June, 1916, Vol. XVII, Part 2, pp. 980-1009.

<sup>7</sup> "Studies on the Metabolism in Gout," J. A. Wentworth and C. W. McClure, Archives of Internal Medicine, Jan. 1918, Vol. XXV, pp. 94-92.

<sup>8</sup> "Metabolism in a Case of Hemochromatosis," C. W. McClure, Archives of Internal Medicine, Nov., 1918, Vol. XVII, pp. 610-616.



**SPECIFIC MEDICINE APIS****H. Ford Scudder, M. D****Specific Indications:** "Itching, with burning of any part."

Apis mellifica has a specific influence upon the urinary apparatus, removing irritation of the urinary organs. In large doses it acts as a stimulant and renal eliminant, and is a valuable and dependable remedy in both retention and suppression of urine. It is especially beneficial in the retention of urine in children or elderly people, due to an enfeebled or atonic condition. In all cases of irritable bladder, with burning, stinging pain in bladder or urethra, constant desire to urinate, with inability to urinate freely, urine high colored or bloody, Apis is a prompt and efficient remedy. Use it on the same conditions in diseases of women, especially with burning, stinging and itching about the labia.

The stimulating action of Apis upon the kidneys has led to its frequent use in dropsical effusions, to restore normal renal action. It has been highly recommended for the dropsy following scarlet fever due to renal engorgement, and for all forms of dropsy that appear suddenly. I use Apis in any form of edema where there is smarting, stinging, burning and itching of the parts. Use it in conjunctivitis, with smarting, burning and itching of the eyelids and edema of the surrounding tissues. It is a good agent for effusion following peritonitis or pleuritis, and is called for in certain inflammatory conditions of the throat. For edematous swelling in the throat, sometimes involving the submucous tissues, there is no surer remedy than Specific Medicine Apis. Edema of the glottis, of the pillars of the fauces or of the soft palate, quickly yields to its influence. The preparation I invariably use is the Specific Medicine Apis, small doses for irritation, and large doses for dropsical condition.

Apis is a favorite remedy in skin affections characterized by severe itching and burning, stinging pain, especially with an involvement of the subcutaneous tissue, with puffiness and a burning pain, like the sting of a bee. For simple urticaria with extreme soreness and itching, and for erysipelas and rough red rashes of the skin, with burning, stinging pain, there is no more certain remedy than Apis. "Most troubles that can be relieved by Apis are made worse by heat, and are relieved by cold applications." (Fearn.)

**SPECIFIC MEDICINE PASSIFLORA****H. Ford Scudder, M. D.****Specific Indications:** "Irritation of brain and nervous sys-



tem; in fact, wherever a harmless and certain soprific is demanded."

*Passiflora incarnata* not only relieves the irritation of the nervous system and promotes sleep, but it also possesses a marked tonic effect that is permanent in character, upon the circulation and innervation. It is absolutely harmless in its action, with no objectionable after effects, and the sleep it induces is profound, restful and natural. For general insomnia, use the Specific Medicine in hot water, in doses of twenty to thirty drops, frequently repeated. It is especially effective in the restlessness and wakefulness of children and elderly people, and for insomnia due to overwork or severe mental strain. It is valuable for a low, muttering delirium, the delirium of typhoid or low grade fevers.

*Passiflora* is employed with much benefit to correct certain forms of nervousness, wakefulness and nervous irritation, caused by over-excitement, prolonged illness or nervous irritability from reflex disturbance, but **not** in cases where the nervous irritation is caused by pain. It is one of the best remedies we have for nervous irritability due to reflex disturbances of the sexual organs, and for the chain of nervous symptoms manifested in women at the menopause. Combined with Specific Medicine *Gelsemium*, it exerts a quieting influence in dysmenorrhea and ovarian neuralgia. Use it where the patient is wakeful, agitated, alert, worried, with marked cerebral excitement and tendency to convulsive movements.

In the treatment of convulsions of children, Specific Medicine *Passiflora* is a most dependable remedy. Here it may be given freely, as it has been proven absolutely harmless, and it possesses marked antispasmodic properties. Until the convulsions cease, use the Specific Medicine in doses of from twenty to thirty drops, every half hour to one hour. Given early, it will control severe spasms while the irritating causes are being removed. In infantile convulsions, we frequently combine it with Specific Medicine *Rhus tox.* When used freely in large doses in epilepsy, *Passiflora* lessens the number of the paroxysms. For the spasms of meningitis, and also for tetanus, large doses of the Specific Medicine *Passiflora* are highly recommended.

## FRACTURE OF THE SEVENTH CERVICAL VERTEBRA

O. C. Welbourn, A. M., M. D., Los Angeles

(Read before the California State Eclectic Medical Society)

This injury is characterized by increased mobility and de-



creased motility of the head in relation to the trunk, a condition of affairs which is so obvious that the bystanders at once endeavor to place the patient in such position as to lessen the probability of further damage. The resultant paralysis is usually instantaneous, but if the immediate damage to the cord be not extreme this may be delayed several hours and develop gradually. The paralysis involves both motor and sensory nerves and in my experience has been equally bilateral. All parts which are supplied by nerves which originate from roots having their exit from the spinal canal below the seventh cervical vertebra, are dead. The line of demarcation between the living and the dead is sharply defined and by careful examination may be accurately delineated. By reason of the minute terminal division of the sensory nerves the hands afford the most striking demonstration. The little finger and the ulnar side of the fourth finger together with more or less of its tip will be found to be insensible, while the remainder of the hand remains normal, i. e., normal in consonance with the patient's mental activities. The demarkation is further shown by a hypersensitive line varying in width in accordance with the minuteness of the terminal nerve division. For instance, on the hands it is narrow while in the back it is wide. The sympathetic nerves remain unaffected except through association with the spinal nerves.

Fracture of any cervical spinal vertebra is a grave injury and the prognosis unfavorable. In the majority of cases death follows within a few minutes, and a differential diagnosis as to which vertebra is broken becomes impossible without a post-mortem dissection. Of those cases of fracture of the cervical vertebra whom I have personally examined and made an accurate diagnosis before death, three have been fractures of the seventh cervical vertebra, and a brief resume of their respective histories may be interesting.

Mr. A., a grocer, 40 (?) years of age, shot twice by a burglar with a 38-caliber revolver. One bullet—probably the first—entered anterior chest towards the shoulder and lodged under the scapula. Another entered anterior neck, just above clavicle, and a little to the left of the median line and was removed from the posterior cervical region. The noise of the shots aroused the family and the patient was found unconscious. Consciousness did not return, although patient reacted to heat and cold, which assisted materially in establishing an accurate diagnosis. Death followed the injury in about six hours.

Mr. B., a farmer, 25 (?) years of age. Shot his wife and then himself with a 32-caliber revolver. The bullet entered the anterior neck about one inch above the sternum and just to the left of the median line, and was removed from the posterior



cervical region. The patient was fully conscious, and his mental faculties remained unimpaired until just before death. At first there was no pain, later at the line of demarcation it became increasingly severe, requiring large doses of morphia. Death followed the injury in about nine hours.

Mr. C., a carpenter, 45 (?) years of age. Fell from a six-foot step ladder and was carried home unconscious. Under Christian Science treatment patient regained consciousness and said he was cured. However, paralysis remained, and as the days went by trouble developed with the kidneys and bowels, not to mention the usual bed sores. I saw the patient about four weeks after the injury. Patient stupid, almost comatose. However, the line of demarcation was located without difficulty. Patient's wife refused operation, much to my relief. Death followed the injury in about six weeks.

It will be noted that with each of the above patients the location of the paralysis is the same, though there was a marked variation in its influence upon the vital processes. However, death eventually followed, and it is difficult to conceive of a case in which the prognosis could be other than unfavorable.

### IPECAC

J. C. Mitchell, Louisville, Ky.

Properties—Emetic, diaphoretic, expectorant, antispasmodic, hemostatic, stimulant, laxative, alterative, revulsive.

The action of this drug is most marked upon the pneumogastric nerve, influencing the organs under the control of this nerve. It is useful to relieve the irritation of the gastric and intestinal mucous membrane that results in diarrhea and dysentery. It will stop vomiting when the tongue is contracted, pointed, red and clean and moist or slick. Upon the other hand, we use it to cause vomiting when the tongue is broad, flabby, with a slimy, heavy coat, showing nasty, foul accumulations in the stomach. When given in a case like this, it relieves congestion, equalizes the circulation and cleans the stomach.

In congestion of the vocal cords or hoarseness, the use of five drops of ipecac in one ounce of water, as a spray or vapor, is usually attended with marked benefit. In cholera infantum, where we have the proper indications, the result is all that could be asked. These are the cases where a small, frequently-repeated dose for its direct effect so beautifully illustrates the foundation stone of Eclecticism. In these bowel troubles of teething children, where the face and tongue are pale, pain in abdomen, we combine nux and ipecac with excellent results. If fever is present, aconite is called for.



With nervousness we would use *matricaria*. If any tendency to spasms is present, *gelsemium* will give excellent results. If the stools are offensive, green and bloody, the intestinal antiseptics are called for.

When *ippecac* is exhibited in properly selected cases of vomiting, it usually works like a charm. But often it is necessary to do more than give *ippecac* in small, frequently repeated doses. These cases are usually thirsty, and want to drink lots of water. If they are allowed to, just as soon as the water gets hot, up it comes, and you will get no results from your medication. Small pieces of ice will relieve the intense thirst, and help of itself to check the vomiting.

In active hemorrhage from any source this remedy is useful. In hemoptysis it usually acts well. In irritation of the mucous membranes of the respiratory tract, this remedy is the first that we think of. If much fever accompanies the attack, *aconite* is exhibited with much good. The opaque mucus is the keynote in these troubles. Pneumonia, bronchitis, colds, diarrhea, dysentery—all are benefited by the use of this drug, provided we have the indications.

**Specific Indications**—The keynote of this drug is **irritation**. Elongated, pointed tongue, with reddened tip and edges, nausea and vomiting, with clean, slick tongue; pain in the stomach, with white line around the mouth with thinning of tissues; acid eructations; dry, explosive, frequent cough, with scant expectoration; hypersecretion in the bronchioles; opaque secretions from any mucous membrane.

In combination with other drugs, this remedy forms many excellent compounds. Dover's powder is composed as follows: *Ipecac*, opium, aa 1 part; milk sugar, 8 parts. Beach's diaphoretic powder is: Opium, grs. x; *ippecac*, grs. xx; camphor, grs. xl; potassium bitartrate, grs. clx. Emetic powder or compound lobelia powder is: Lobelia, dr. vi; blood root and skunk cabbage, aa dr. iii; *ippecac*, dr. iv, and capsicum, dr. i.

I want especially to speak of a personal experience with this drug. Last fall I developed a dry, explosive cough. This was exactly similar to that cough produced by pressure upon the trachea just in the supra-sternal notch. There seemed to be a rising pressure in the chest that would almost choke me. The cough would relieve some, and in a few minutes the same performance would be repeated. Five drops of Lloyd's *ippecac* in half-glass of water, a teaspoonful every five minutes for three doses, stopped it. Next night the same thing occurred, with the same gratifying results. Then I fixed up the alcoholic solution and moistened homeopathic disks and took them for two days, with the result of curing it completely. This spring the same kind of a cough returned. *Ipecac* promptly cured it again.



# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 819 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

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## EUPHRASIA

The springtime with its changeable weather brings respiratory troubles. Of these a "cold in the head" makes the possessor feel exceedingly miserable. There are many different varieties of this disease and each patient is apt to have his own pet variety. Some have a profuse, watery, irritating discharge from the nasal passages, which produces a most annoying dermatitis. Some form of belladonna in physiological doses is the drug usually employed, but it has other and undesirable effects, notably on the eye. We have found Euphrasia fully as efficacious and with no untoward effects. The dose of the Specific Medicine is one drop frequently repeated. When a satisfactory degree of secretion is attained it should be given less often. A total suppression of the secretion is not desirable.

## GELSEMIUM

This is a powerful drug and when used for non-specific effects it must be watched carefully. With the average adult



patient one dram of the Specific Medicine will produce the physiological effects. When given in such a dose it is a most reliable drug to "break up a cold." It should be given in one dose at bedtime and not repeated. Also to be effective it must be given at the very beginning of the disease.

### CLIMATE IN RELATION TO THE TREATMENT OF TUBERCULOSIS

Edwin P. Kolb, M. D., Supt. Suffolk Sanatorium,  
Holtsville, N. Y.

(Read before the Associated Physicians of Long Island Garden City, N. Y., October 23d, 1920)

Since at different times in the past 20 centuries writers have attributed specific virtues to certain climates or locations, a brief review of the subject of climate in relation to the treatment of Tuberculosis is pertinent.

The importance of climatic treatment for tuberculosis, a belief of the ancients, has survived the advent of scientific medicine. The value of certain climates in the treatment of this disease was emphasized by the ancient Greek and Roman, as well as the Medieval Arabic Physicians. Hippocrates advocated a sojourn in the mountains. Aretaeus recommended sailing and the air of the sea shore. Celsus advised a trip to Egypt. In more recent times, Laennec advocated a residence on the sea coast. He found that the air of the mountains did not agree with many of his patients and believed that those with whom it did agree had only a small number of tubercles in the lungs. He said, "A residence by the sea side particularly in mild or temperate climates, is unquestionably the situation in which most consumptive patients have been known to recover. Indeed, I am convinced that we have no better means to oppose to this disease, than a sea voyage and residence on the sea coast in a mild climate."<sup>1</sup>

Most of the English and Continental Physicians of his time, were sending their tuberculous patients to the seacoast.

For a brief period in the first half of the 19th century, treatment in caves was advocated and it is said that hundreds of tuberculous individuals went to the Mammoth cave in Kentucky, with disastrous results. It can be seen that although climate was considered of greatest importance there was a difference of opinion as to the best climate for the consumptive.

It has been only within recent years that the value of climate



as a therapeutic measure in the treatment of tuberculosis has been relegated to its proper place, one of minor importance.

Osler<sup>2</sup> says in speaking of climatic treatment, "This after all is only a modification of the open air method. The requirements of a suitable climate are a pure atmosphere, an equable temperature not subject to rapid variations and a maximum amount of sunshine. Conditions which should influence the choice of a locality are good accommodations, good food, and the patient be under the care of a competent physician. When the disease is limited to an apex in a man of fairly good personal and family history, the chances are that he may fight a winning battle, if he lives in any climate, whether high, dry and cold, or low, moist and warm. With bilateral disease and cavity formation there is but little hope of permanent cure and mild or warm climates are preferable."

Lawrason Brown<sup>3</sup> of Saranac says, "The value of certain climates has in recent years been called into question and today rests upon personal belief and experience. Much has been written and little proved. There is no specific climate for pulmonary tuberculosis and climate alone is of little avail.. Without doubt many of the effects attributed to climate can be ascribed to change of climate. Change from a "good" to a "bad" climate often produces excellent results. In general patients in acute stages should be kept at home. Robust patients in subacute stages may be sent to any climate. Patients with advanced fibroid disease and delicate patients with subacute or chronic ulcerative disease need a climate of protection, neither too cold nor too high, but those in early stages will do well in almost any climate."

Fishberg<sup>4</sup> believes that change of environment is important irrespective of the kind of climate. He emphasizes the necessity of considering the economic aspects.

Dr. Fleck<sup>5</sup> of the Phipps Institute, Philadelphia, says, "Climate of itself as a curative factor in tuberculosis has never been defined in so much as it eludes analysis. In the abstract it has been held of value but all that it has been possible to say for it is that people have gone away and gotten well. Many who stay at home recover, as well as many who go away. A well-to-do go-away recovers and attracts attention; a poor stay-at-home recovers and is unnoticed, or if noticed, is said not to have had tuberculosis. Spontaneous recoveries take place everywhere. We have no evidence that more take place in one climate than another. In climatic resorts tuberculosis subjects congregate, attract attention and are under observation; when a case recovers it is noted, but when a case goes



home to die, or is sent home in a coffin, no notice is taken of the matter. In home climates things are reversed. Tuberculous subjects are scattered through the community and attract very little attention except when they die. Recoveries are never noted but death always is. We have statistics of how many die but not of how many get well."

Dr. J. W. Flynn<sup>6</sup> of Prescott, Arizona, in an article on the subject of climate in a recent number of the American Review of tuberculosis, concludes that there is no specific climate for the treatment of tuberculosis. He says, "As between care (that is fresh air, good food, rest and competent medical attention) and climate, the latter must always continue to be a secondary consideration. In the least favorable climate, good care, provided the surroundings be the best obtainable, will produce much better results than the best known climate without this care. If the patient must choose between the two he should take care and let the climate go; but if he be so fortunate as to be able to have them both, his prospects of recovery are certainly brighter than they would be if he were compelled to depend on one alone."

Pottenger<sup>7</sup> in his chapter on climate, says, "Formerly climate was thought to be the chief factor in the treatment of tuberculosis. Today, however, we know that the most important factor in the treatment of tuberculosis is intelligent guidance. The great faith in climate which is still held by many is a remnant of the "let alone" policy of treating tuberculosis, rather than a carefully established fact." After going into details as to why the location of his own private sanatorium at Monrovia, Cal., is so desirable, he states, "While the discomfort and monotony to the patients would probably be greater in less favorable localities, yet the result would not differ as much as might be supposed."

E. S. Bullock<sup>8</sup> in a paper read before the National Tuberculosis Association in 1906 gives detailed reports of 148 cases to prove the value of the climate of Silver City, New Mexico, in the treatment of tuberculosis. He did not offer any proof that the results would not have been as good at some other locality. He makes the very significant explanation that inadequate finances or unfavorable temperament operated against the patient in 53.2% of the cases. He concludes his paper with the following amazing statement, "We should therefore have sent to our western institutions every case in which the patient may be expediently sent far from home." Four years later he wrote, "I must emphatically maintain that no consumptive should ever be sent away, if it is not certain that he will have



as good care and management in the distant climate as he could obtain near home."<sup>9</sup>

A comparison of the statistics from institutions located in different sections of the country will show very slight differences in the results of treatment in the three stages of the disease. Any difference can be explained by the personal equation in classifying results. Of course those institutions (and there are many) that endeavor to get the patient home before the end comes will necessarily have fewer deaths.

It must be remembered that the results obtained in institutions located in well known tuberculosis resorts is no index of what occurs in the hundreds of patients who flock to the hotels and boarding houses in those localities. Unfortunately statistics are not available for this large class of patients. If they were, undoubtedly the results, or rather, the lack of results of climatic treatment would be astounding. In spite of the fact that most authorities, many of them located in tuberculosis resorts, state that there is no specific climate for the treatment of this disease, many physicians and most laymen, believe climatic treatment is most necessary. The exaggerated importance of climate and the necessity of sending their patients to a distant point and a different climate is so firmly fixed in the minds of some physicians, that they seem to think they have given all the advice necessary, when they tell the patient to go to Saranac, Arizona, Colorado, or some other well known (often well advertised) tuberculosis resort, or the almost criminal general advice to "go West and rough it." The patients, many of them ignorant of the salient points in treatment, with the abnormal optimism which seems to be peculiar to the disease follow the advice and depending upon some magic virtue in the air to make them well, neglect the important principles of treatment.

Often patients so acutely ill that absolute typhoid rest is indicated are sent hundreds of miles from home with the result that the hardships of the journey means the final chapter of their life history. A characteristic often seen in tuberculous individuals particularly those who are not doing well, is the idea that some climate or location other than where they happen to be is the ideal place for them and if they could only get there, they would soon be well. The result is that if they have sufficient funds (and sometimes when they have not) they pursue the elusive rainbow from one part of the country to the other always expecting that the pot of gold, good health, will be found at the next place.

The new arrival at any well known tuberculosis resort is always told of the wonderful effects of the air and the marvel-



ous case of the patient who after being given up was brought in on a stretcher and in 6 months returned home absolutely cured. He is not told of the hundreds of ill patients, who after a variable length of stay returned home in a pine box. It is true that many wonderful so-called cures occur at these places. They also occur elsewhere.

I certainly do not wish to be interpreted as minimizing the value of certain localities for the treatment of tuberculosis, or stating that patients should not be sent to a different climate. Undoubtedly a decided change of climate, location and environment is of great value in many cases and some patients will do much better in one place than another. I often so advise patients, but they are instructed to enter an institution if possible, and if not, to place themselves under the care of a competent specialist and follow his instructions absolutely. It is a great mistake to send some patients to the mountains to take the cure on their own responsibility in a hotel or boarding house. Frequently patients sufficiently ill to be in bed will be wading and fly fishing the brooks, climbing mountains or engaging in other forms of exercise harmful to them. These patients would be much better off at home.

The superiority of one locality over another as a place for the treatment of tuberculosis is individual rather than general, and the fact that some patients do much better in a particular climate or locality is no criterion that a majority of the tuberculous will do equally well there.

Climate of Long Island. Ross<sup>10</sup> made a study of this question covering a consecutive period of 3,650 days from 1890 to 1900 at Brentwood. The mean Summer temperature is 70°, the mean Winter temperature 30°, and the mean yearly temperature 51.8°. The mean yearly temperature of the entire State 45°, of New York City 52°, Atlantic City 52.7° and Nantucket 49.5°. Annual range of Temperature is 39°, while for the whole country it is from 64°-77°. The temperature in Summer is 5° cooler than New York City and in Winter 16° warmer than the rest of New York State. The average yearly humidity is 72.75°, only 3° greater than San Diego, Cal. Including all days on which the sun shines all day or a part of the day sufficient to permit exercise in the open air, there is an average of 300 days, 40 more than Atlantic City, 104 more than Nantucket and only 12 less than Denver.

The soil is sandy and permeable in the centre of the island, giving good drainage, and the water is pure. It will be seen that Long Island possesses the essentials for open air treatment.



Results of Treatment at the Suffolk Sanatorium. 26 patients who were incipient cases on admission have been discharged from the Sanatorium. The results on discharge were as follows:

Arrested	Quiescent	Improved	Unimproved	Deaths
22	1	1	1	1*

Forty-nine patients whose condition was moderately advanced on admission have been discharged with the following results on discharge:

Arrested	Quiescent	Improved	Unimproved	Deaths
19	18	5	6	1

Although the results were unfavorable in the majority of far advanced cases admitted, four patients with complications which placed them in the far advanced class were discharged as arrested and 25 far advanced cases were discharged with the disease quiescent. Of the Incipient cases discharged all are living and well except one who died of Influenza-Pneumonia. Six have been away from the Sanatorium over 3 years, 5 over 2 years; 7 over 1 year and 7 less than a year.

Of the moderately advanced cases discharged 48, all are living and working except one who succumbed to tuberculosis about 3 years after discharge. 18 of these patients have been discharged over 3 years; 10 over 2 years; 10 over 1 year and 10 less than 1 year.

Of the far advanced cases discharged as arrested all are living and well. Of the 25 far advanced cases discharged as quiescent, one has since died of Influenza-Pneumonia and 3 of tuberculosis.

Forty-one cases of all stages were discharged with the disease arrested, all of whom are living and well except one whose death was due to influenza.

Of 44 cases all stages, discharged as quiescent, 5 are dead, 4 from tuberculosis, one from Influenza. Of the four dying of tuberculosis, 1 was mod, advanced and 3 far advanced on admission.

These results will compare favorably with those of any institutions in the country no matter where located.

It is my opinion that the disease has a greater tendency to run a chronic course on Long Island than in the mountains. The histories, physical findings and subsequent course of the disease in a large number of patients leads me to believe this to be true. If this is so, it is a rather desirable thing. Many far advanced chronic cases enjoy fair health and are able to do a certain amount of work for years. The ages of the patients possibly indicate this also. 43% of the patients admitted were



over 35 years of age; 32% over 40; 13% over 50, and 4% over 60. One patient was over 80 years of age.

In conclusion I wish to emphasize the following points:

There is no specific climate for the treatment of tuberculosis.

Although many patients are greatly improved by a change of climate, the improvement can be attributed to the effect of the change, rather than to the virtues of the particular climate.

Proper care, which means proper rest, good food and open air, and competent medical supervision is of much greater importance than climate. Competent medical supervision includes proper medical and surgical treatment for symptoms and complications. It is probable that to these four well known and thoroughly proven essentials in the treatment of tuberculosis should be added heliotherapy, sun light, either natural or artificial.

No patients acutely ill should be sent a long distance.

No patient with insufficient funds, irrespective of his physical condition, should be sent to a tuberculosis resort, unless he can enter an institution. A patient with sufficient funds should not be sent away unless he can and will place himself under proper medical supervision and follow instructions absolutely.

A change is indicated in a chronic case, which has reached the point where his condition remains stationary after a sufficient length of time, providing he can receive equally good care somewhere else.

Institutional treatment is preferable to "taking the cure" in a hotel or boarding house.

### References

\*This patient died of Influenza-Pneumonia after he had received his final examination for discharge as an arrested case.

<sup>1</sup>Laennec, R. T. H. A Treatise on the Disease of the Chest and on Mediate Auscultation. Forbes translation. Samuel Wood & Sons, 1830.

<sup>2</sup>Osler, Sir William. The Principles and Practice of Medicine. Eighth Edition. D. Appleton & Co., 1912.

<sup>3</sup>Brown, Lawrason. Modern Medicine. Osler & McCrae, Vol 1. Lea & Fibiger, 1913.

<sup>4</sup>Fishberg, Maurice. Pulmonary Tuberculosis. Lea & Fibiger, 1916.

<sup>5</sup>Flick, L. F. The Relative Value of Home Treatment of Tuberculosis. Transaction of the 2nd Annual Meeting of the National Association for the Study and Prevention of Tuberculosis, 1906.

<sup>6</sup>Flynn, John W. The Influence of Climate as Distinguished from Fresh Air in the Treatment of Pulmonary Tuberculosis and its Complications. The American Review of Tuberculosis, Vol IV., No. 4.

<sup>7</sup>Pottenger, M. F. Clinical Tuberculosis. C. V. Mosby Co., 1917.

<sup>8</sup>Bullock, E. S. A Contribution to Climatic Phthisiotherapy Transactions of 2nd Annual Meeting of the National Association for the Study and Prevention of Tuberculosis, 1906.

<sup>9</sup>Journal American Medical Association, 1909, LII 1973.

<sup>10</sup>Ross, W. H. A Study of the Climate of Long Island. Brooklyn Medical Journal, March, 1904.



With proper treatment the outcome in any particular case of tuberculosis depends largely upon that very indefinite individual factor, namely, allergy or resistance. Not all patients are equally resistant to the disease or can build up sufficient resistance even under proper treatment. Unfortunately we have no method of accurately estimating the individual resistance and must depend upon the subsequent progress of the patient to learn whether or not he possesses sufficient resistance to overcome the disease. This makes prognosis uncertain.

—Long Island Medical Journal.

### SOUTHWEST SKETCHES

By J. A. Munk

G. P. Putnam's Sons, New York

There is always an element of mystery even in the bare mention of the word desert. To the man who has never roamed over the vast reaches that make up these waste places of the earth there is a kind of fascination that no other region possesses. In his latest book, "Southwest Sketches," Dr. Munk in a great measure lifts the veil that lies over the great American Desert and gives us a striking picture of that wonderland.

In some 300 odd pages close-packed with solid information and illuminated by a number of exceedingly well told stories, he takes us into the land of the Navajo, the Hopis and the Apache. He knows these people. He understands their peculiar point of view and he respects their traditions and customs. Because of this he is enabled to give us an interesting account of a land and its people that are little known and less appreciated.

The volume contains history, geology, romance. The author has not only succeeded in giving us a vivid picture of the people, their lives and their habits, but he seems to have caught the very spirit of the desert and transferred that spirit to the pages of his book.

We are carried in fancy to the home of the people now living in the cliff dwellings. We catch a glimpse here and there of quaint customs and ceremonies that are as enlightening as unique. We see these people in their fields, with their flocks and at their queer gatherings, and we are enabled to understand why the Hopi and the Navajo and even the fierce Apache prefer the ways of their fathers to those of the white man.



The author's account of Mrs. John Wetherill's collection of a full set of drawings made on paper by the native Navajo artists is interesting. It is the only set of the kind known, as the Indians never permit any of their paintings to be copied by strangers. In their original form the paintings are drawn upon smooth ground by touches of many kinds of colored sand sprinkled upon the earth by a practiced hand. These, Dr. Munk informs us, are marvelous creations. Each picture tells a different story and is only produced for a special purpose and in the presence of and for the benefit of the elect. These drawings are kept intact for but one day, after which the sand is gathered in blankets and carried to some distant spot and there deposited.

The book gives us an interesting side light on the marriage customs of the Hopis. The Hopi woman occupies a peculiarly advantageous position. She chooses her own husband, with his consent, however, and should she later for any reason decide that she is tired of him, all she has to do to divorce him, is to gather up his few belongings and place them outside the door of her house. When he comes home in the evening he finds that he has lost his happy home and he has no legal or other recourse. He goes back to his mother and waits until some other squaw takes a fancy to him, when he again goes to the house of his new wife.

The woman owns the domestic establishment outright. Her word is law. The husband owns the flocks and fields. Divorce squabbles are thus unknown among these denizens of the desert.

The book abounds in such interesting bits of information as the origin of the name Apache. It is of comparatively modern origin, having been given them by the Mexicans, who borrowed it from the Maricopas, in whose language it signifies enemy. Members of this tribe regard themselves as a superior race of beings and pride themselves on their efficiency in thievery, torture and murder.

Much history of the war which the white men waged against the Apaches is given with names of men who took part in the various battles.

If you are interested in the history, art or people of this vast region, you will find this book a veritable mine of useful and authoritative information. Dr. Munk is qualified to speak and write of the Southwest, for study of this region has been one of his hobbies for years. The book is profusely and beautifully illustrated with photographs and is worth owning for the illustrations alone. But the text is rich in the lore of the



land and the people and will adequately repay anyone for the time spent in its perusal.

Dr. Munk is a man of wide and scholarly attainments. He is the author of "Arizona Sketches," "Arizona Bibliography," "Musical Compositions" and the volume under review. In 1904 he presented the Southwest Museum, of which institution he is a trustee, with a collection of books numbering 12,000 volumes, one of the most complete libraries of Arizoniana extant. This collection is now available to the public and is among the most highly prized possessions of the museum. Dr. Munk is a resident of Los Angeles.

### STATE SOCIETY

The next meeting will be at Long Beach, May 17 and 18, 1921. Of which you will hear more later. I wish to call your attention to the list of section officers for the next meeting:

#### SURGERY—

Ira M. Wheeler, M. D., Chairman, Fresno.

A. J. Atkins, M. D., Secretary, 734 Pine St., San Francisco.

#### GYNECOLOGY—

O. C. Welbourn, M. D., Chairman, 819 Security Bldg., Los Angeles.

T. C. Young, M.D., Secretary, 621 E. Broadway, Glendale.

#### PHYSICAL THERAPEUTICS—

J. M. Cleaver, M. D., Chairman, 317 Bradbury Bldg., Los Angeles.

Ella M. Caryl, M.D., Secretary, 619 West Seventh Street, Los Angeles.

#### OBSTETRICS—

W. E. Daniels, M.D., Chairman, 266 Lindero Street, Long Beach.

H. C. Smith, M. D., Secretary, 111-A East Broadway, Glendale.

#### PRACTICE OF MEDICINE—

H. T. Cox, M. D., Chairman, 425 E. Third St., Long Beach.

E. R. Harvey, M.D., Secretary, 221 National Bank Bldg., Long Beach.

#### THER. & MATERIA MED.—

J. A. Munk, M. D., Chairman, 747 South Alvaredo Street, Los Angeles.

J. B. Mitchell, M. D., Secretary, 210 Post Street, San Francisco.



**PEDRIATICS—**

H. V. Brown, M. D., Chairman, 917 Baker-Detwiler Bldg.,  
Los Angeles.

L. L. Haight, M. D., Secretary, Wright-Callender Bldg.,  
Los Angeles.

**ENTERTAINMENT—**

W. E. Daniels, M. D.; E. R. Harvey, M. D.; L. E. Rauch,  
M. D., Long Beach.

You have been placed at the heads of the above sections with the firm belief, upon my part, that you will act quickly, tactfully and unceasingly. Let us all pull together for a good, as well as a big session.

Fraternally yours,

DR. D. A. STEVENS, President,  
434 Douglas Bldg.,  
Los Angeles.

Phone, 14547.

**SOCIETY CALENDAR**

National Eclectic Medical Association meets in Colorado Spring, June 21-24, 1921. H. W. Felter, M.D., Cincinnati, Ohio, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets May, 1921. D. A. Stevens, M.D., Los Angeles, Cal., President; Dr. W. E. Daniels, Long Beach, Cal., Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on first Tuesday of each month. C. Ohnemuller, M.D., Los Angeles, President; P. M. Welbourn, M.D., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in October, 1920. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary

**PIONEER PHYSICIAN OF SANTA ANA DIES**

Following an illness of several months, death came yesterday, Feb. 4, 1921, to Dr. W. P. Ferguson, a physician who began practicing here thirty years ago. He was 79 years old, and a native of Indiana.

Dr. Ferguson had a good practice here for many years. For about fifteen years his office was located in the Home Telephone Building, corner Fourth and French streets. Though advanced in years, the doctor stuck to his favorite



vehicle of travel—a bicycle. Riding his bicycle with his little black medicine case held at the handle-bars, he was a familiar figure on the streets.

The doctor had a wide acquaintance here, more especially among the old-timers. He was a member of Sedgwick post, G. A. R., and a Mason.

Besides his widow, Mrs. Catherine Ferguson, he leaves three sons, August V. Ferguson of San Rafael, Byron Ferguson of Alameda, and Perry Ferguson of Douglas, Ariz.

### **NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL**

The New York Post-Graduate Medical School and Hospital announces that there will be available this year six scholarships under the terms of the Oliver-Rea Endowment.

The purpose of the endowment is to award scholarships to practicing physicians of the United States to defray in full the expenses of tuition at the New York Post-Graduate Medical School.

According to the wishes of the donor, physicians in the State of Pennsylvania will receive preference in the award of these scholarships.

Applications may be sent to the President of the New York Post-Graduate Medical School and Hospital, Twentieth Street and Second Avenue, New York City.

### **NEWS ITEMS**

Dr. James Miller has changed his address from Burlington, Iowa, to Danville, Iowa.

Died—Edward Herbert Byron, Riverdale, Calif.; graduate of the California Eclectic Medical College, 1900, died in Livermore, California on February 23rd.

Married—Alphonette Goff, M.D., of Glendale and J. P. Luccock, D.D.S., also of Glendale, were married March 10th. Dr. Luccock will continue to be associated with Dr. Young, as she has been for several years. The Journal extends congratulations.

The State Society will meet in Long Beach in May, and the National will meet in Colorado Springs in June. Although the distance from California to Colorado is long, quite a party from the Los Angeles Eclectic Medical Society will attend. Among those who will doubtless make the trip are Dr. Munk, Dr. O. C. Welbourn, Dr. C. Ohnemuller, Dr. H. T. Cox, Dr. W. E. Daniells, Dr. H. C. Smith and Dr. D. A. Stevens.



# Remember

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### CLUB RATES

The various Eclectic publishers have decided to renew their special club offers to December 1, 1921, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

	Price.	Club Rate.
California Eclectic Medical Journal, 819 Security Bldg., Los Angeles.....	\$1.50	\$1.25
Eclectic Medical Journal, 630 W. 6th St., Cincinnati, Ohio .....	2.50	2.10
National E. M. A. Quarterly, 630 W. 6th St., Cincinnati, Ohio .....	1.25	1.00

You may subscribe to any or all of the above journals through this office, the only condition being that subscriptions are paid in advance. The above discount will be allowed on an order for two or more, including this Journal.



# Concerning Echinacea

## 1885 to 1921

Originally employed by the Indians and Pioneers.

1885—Announced by an itinerant physician (Dr. Meyer.)

1887—Introduced to the profession by Dr. John King.

1880—A tincture was prepared for the use of investigating physicians, but not advertised, (Lloyd Brothers.)

1894—Label prepared by Dr. Felter giving therapeutic uses.

1899—First advertisement in Medical Journal, (Lloyd Brothers.)

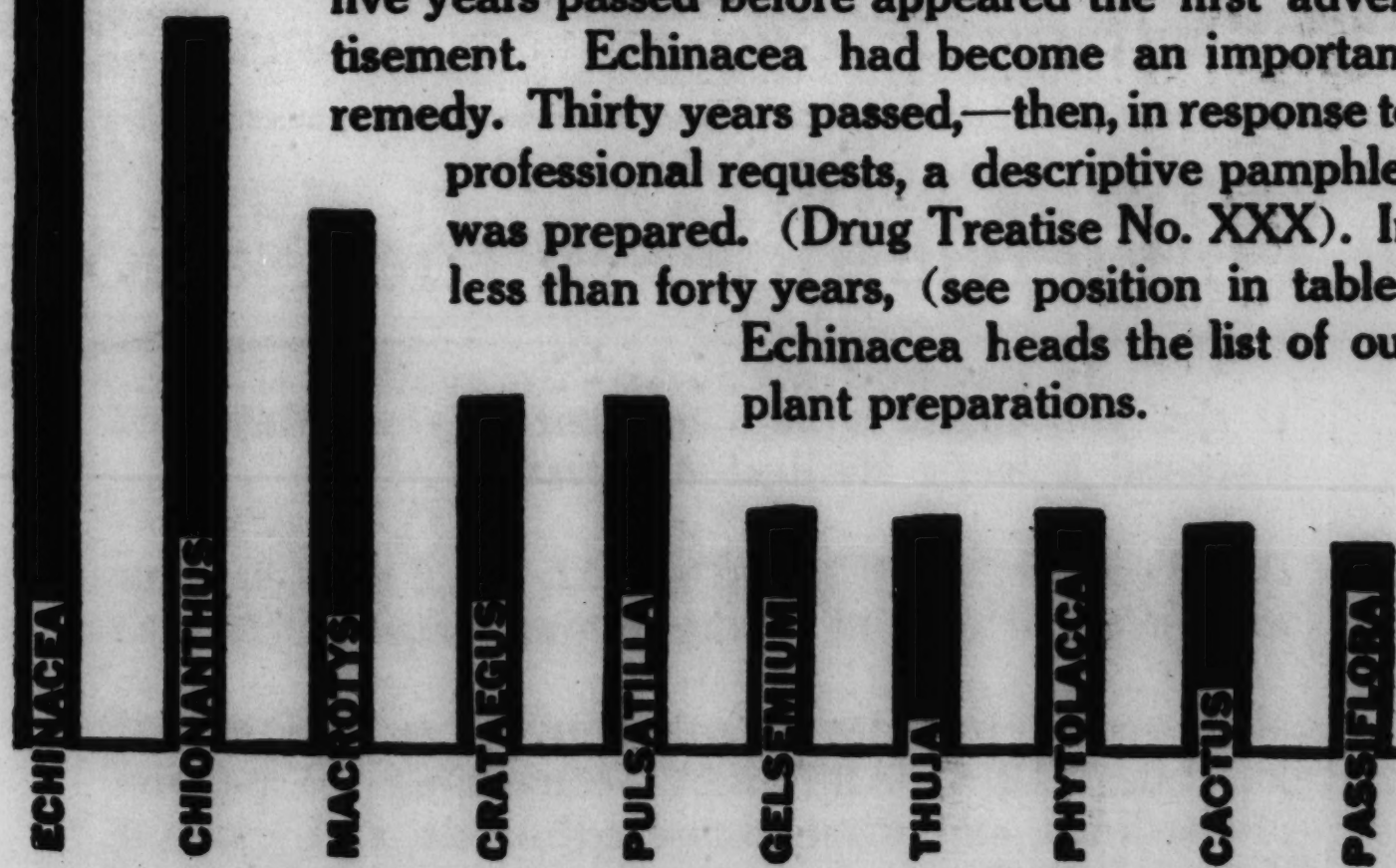
1917—First historically descriptive pamphlet, (Lloyd Brothers' Drug Treatise No. XXX.)

1920—Heads the list of plant preparations, Lloyd Brothers' Laboratory, (See Table.)

### Summary

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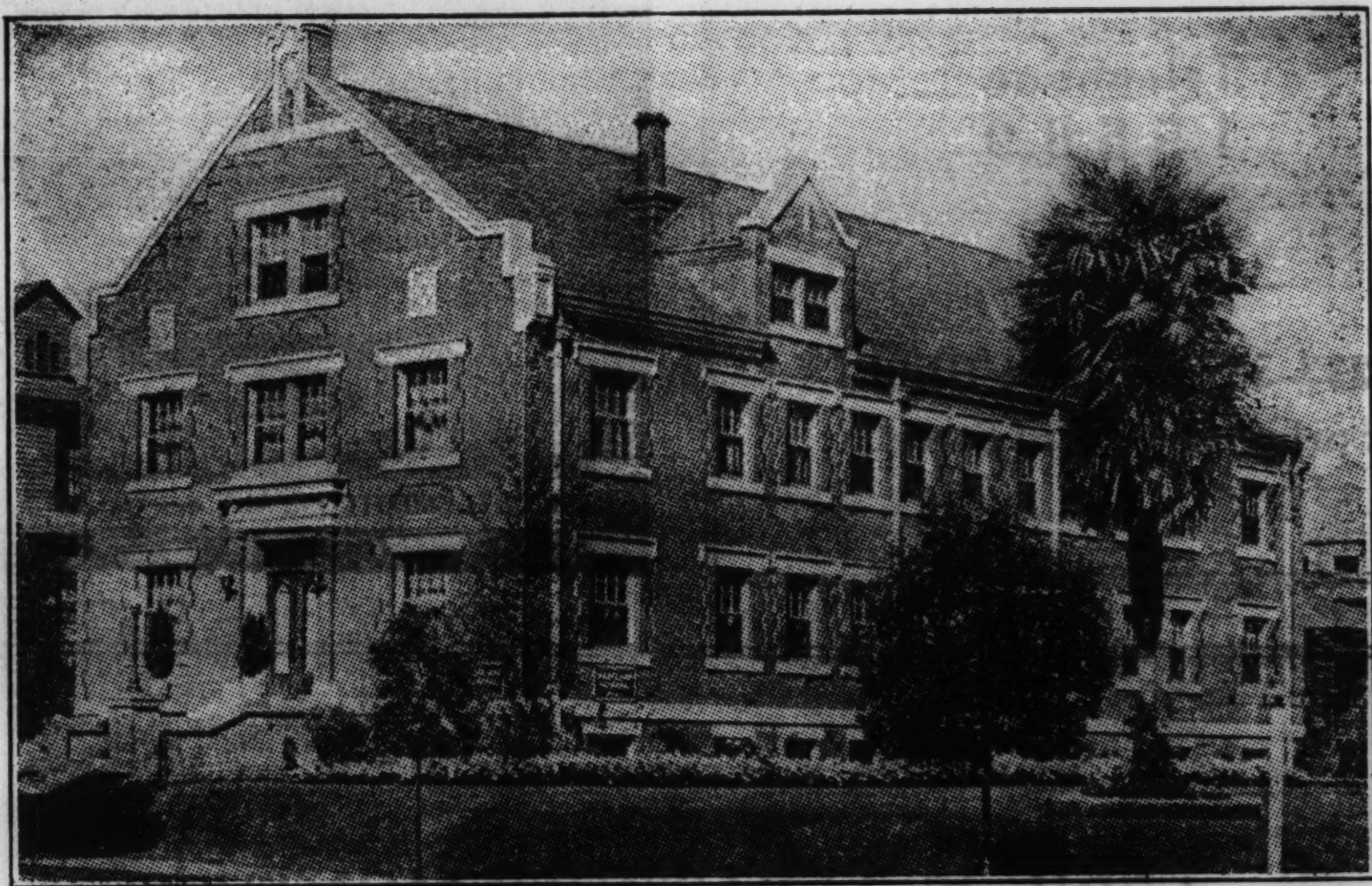
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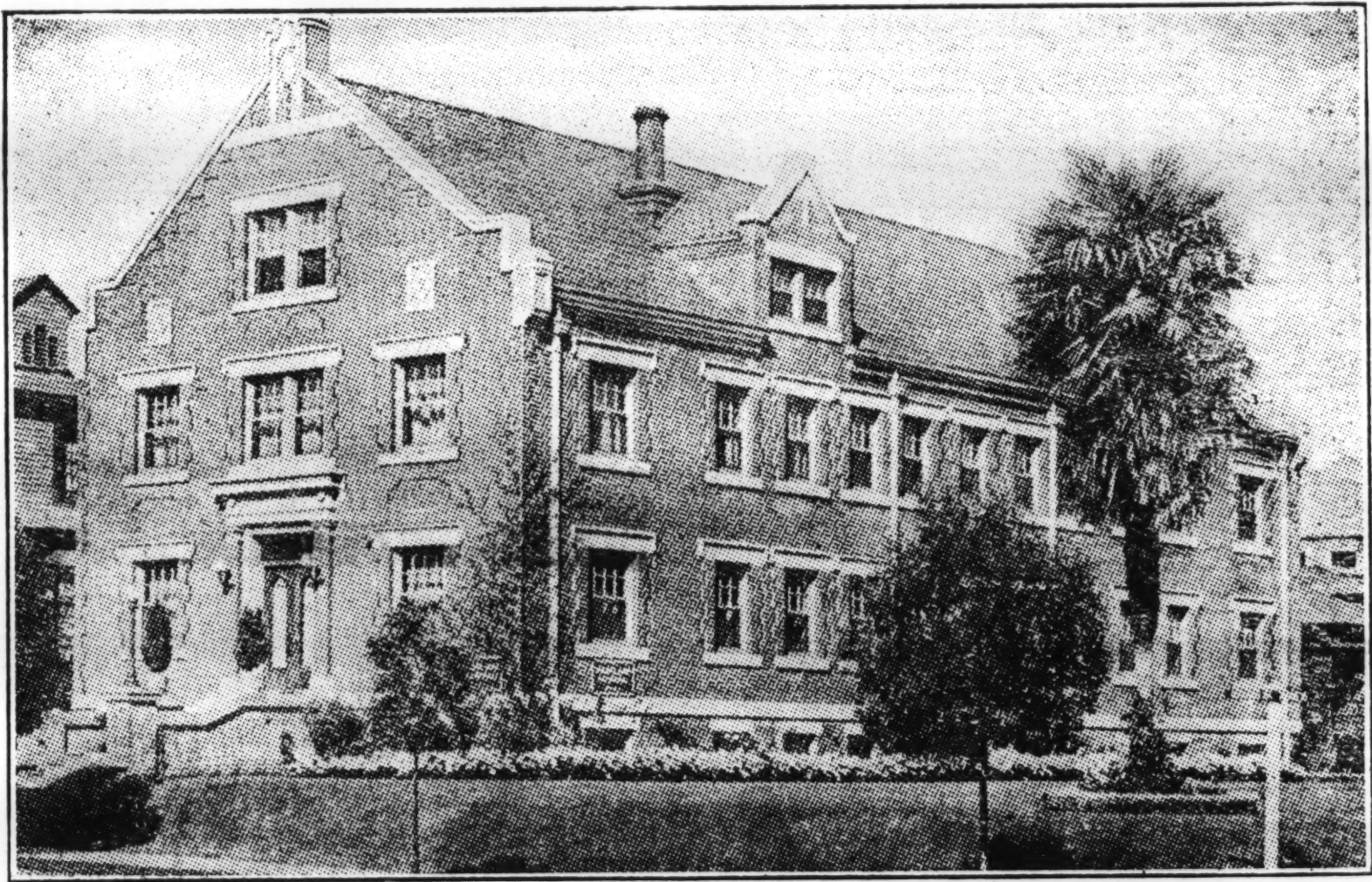
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